

4th Annual
Housing Institute
“HOUSING IS HEALTH & RECOVERY”
June 15 – 16, 2010

CALIFORNIA ENDOWMENT
1000 ALAMEDA STREET
LOS ANGELES, CALIFORNIA 90012

HOW TO DOCUMENT & CLAIM FOR HOUSING SERVICES

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Quality Assurance

IMPORTANCE OF QUALITY DOCUMENTATION

- Supports quality of care by:
 - Keeping services focused on client goals
 - Coordinating client care within and between service providers
- Supports financial needs of clients by demonstrating initial and continuing eligibility for benefits
- Supports revenue generation by:
 - Documenting to Medi-Cal/Medicare requirements
 - Providing audit protection
- Supports the Department when ethical/legal issues arise around service delivery (Risk Management)

THE CLINICAL LOOP

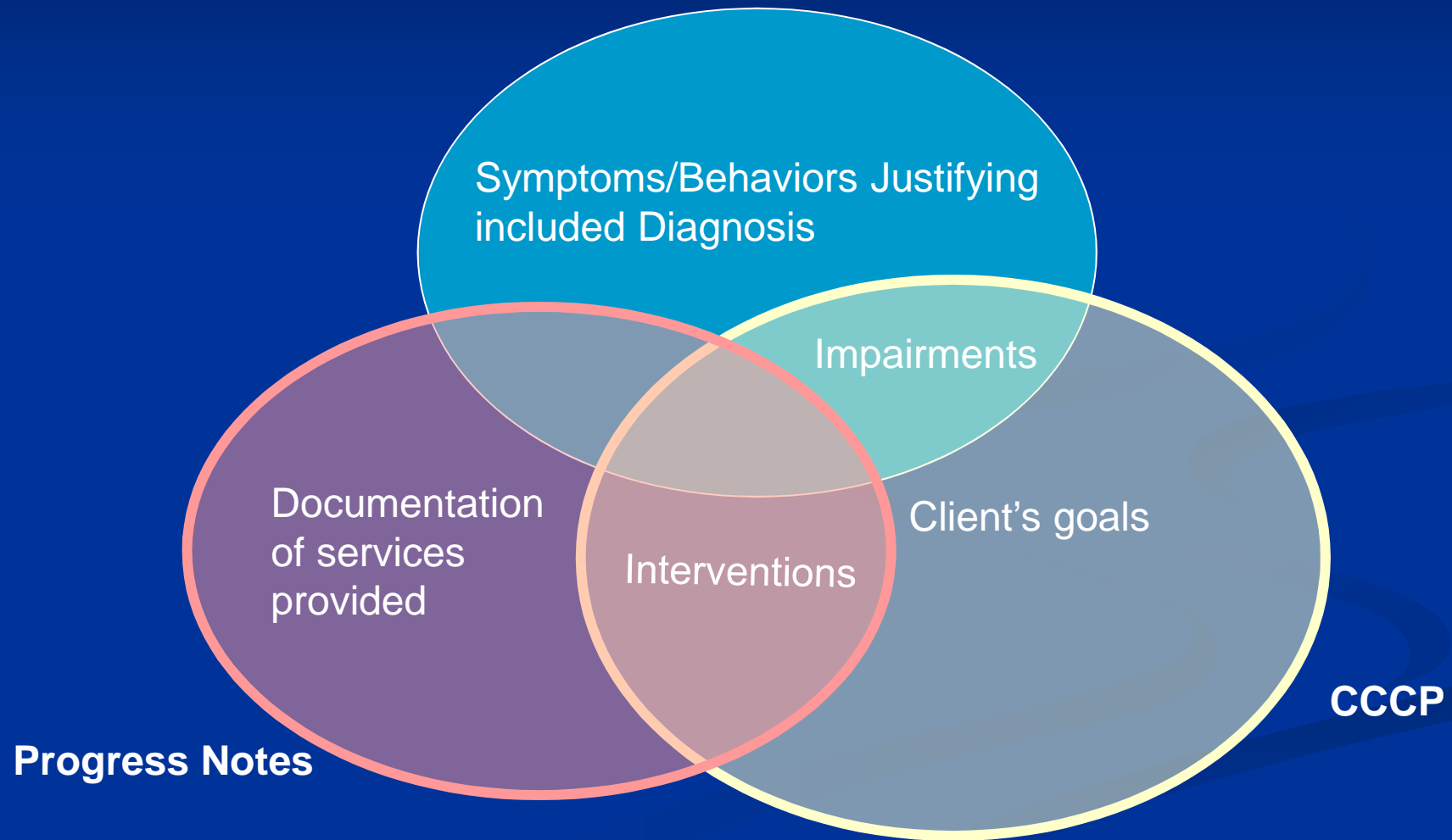
- The “Clinical Loop” is the sequence of documentation that supports the demonstration of ongoing medical necessity and ensures all provided services are Medi-Cal reimbursable
- **Making sure everything is linked to the Diagnosis---** from the Assessment to the CCCP to the Progress Notes

THE CLINICAL LOOP

- Step One - Completion of a Mental Health Assessment including:
 - Symptoms/Behaviors leading to Included Diagnosis
 - Impairments, Needs, and Strengths
- Step Two - Carry forward into the Client Care Coordination Plan (CCCP) and document:
 - Goals linked to Symptoms/Behaviors
 - Interventions to effect impairments
- Step Three - Carry forward into the Progress Note which documents:
 - Goal-based interventions provided to client

CLINICAL LOOP

Mental Health Assessment



TARGETED CASE MANAGEMENT-DEFINITION

- **Definition:** Services needed to access medical, educational, social, pre-vocational, vocational, rehabilitative, or other community services.
 - These services provide for the continuity of care within the mental health system and between the mental health system and related social service systems.
- **Code: T1017**
- **Claimable Activities to the extent they are related to functional impairments identified in the Assessment and articulated as goals on the CCCP:**
 - Communication
 - Coordination
 - Referrals
 - Placement
 - Monitoring service delivery to ensure client's access
 - Monitoring/evaluating client's progress toward TCM goals
 - Plan development specific to TCM

TARGETED CASE MANAGEMENT: LINKAGE & CONSULTATION

- **Code: T1017**

- **Claimable Activities** to the extent they are related to functional impairments identified in the Assessment and must be linked to goals on the CCCP:

Linkage and Consultation - The identification and pursuit of resources including, but not limited to, the following:

- Interagency and intra-agency consultation, communication, coordination, and referral
- Monitoring service delivery to ensure a client's access to service and the service delivery system
- Monitoring of the client's progress

Plan Development – is defined as a service activity which consist of development of Client Care/Coordination Plans, approval of client plans and/or monitoring of a client's progress

TARGETED CASE MANAGEMENT- PLACEMENT

- **Code: T1017**
- **Placement Services must be articulated as goals on the CCCP:**
Placement Services – Supportive assistance to the client in the assessment, determination of need and securing of adequate and appropriate living arrangements, including, but not limited to the following:
 - **Monitoring of the client's progress**
 - **Locating and securing an appropriate living environment**
 - **Locating and securing funding**
 - **Pre-placement visit(s)**
 - **Negotiation of housing or placement contracts**
 - **Placement and placement follow-up**
 - **Accessing services necessary to secure placement**

TARGETED CASE MANAGEMENT (TCM)

■ Points to Remember:

- Linkage and referral activities must be related to functional impairments identified in the Assessment and the CCCP
- Transporting a client implies staff is simply providing transportation which is not a TCM claimable activity
- Related TCM activities provided by the same Rendering Provider within a day, such as several phone calls to locate an appropriate placement for a client, may be combined into a single note and submitted as one claim

TARGETED CASE MANAGEMENT (TCM)

■ Example of Reimbursable Services:

- Following up with client or the provider about the outcome of a referral
- Making a referral or calling providers of needed services to determine availability
- Assisting clients to understand the requirements of participation in a program in order to make appropriate linkages
- Coordinating with a service provider to help client to maintain a service
- Developing strategies with client for accessing Senior Center activities
- Assisting a client with the completion of forms related to seeking services

MENTAL HEALTH SERVICES

Individual Rehabilitation

- **Definition:** Service to provide assistance in improving, maintaining, or restoring the client's:
 - Functional skills
 - Daily living skills
 - Social & leisure skills
 - Meal preparation skills
 - Grooming & personal hygiene skills
 - Support resources
- **Code:** H2015.
- **Points to Remember:**
 - Rehabilitation involves working WITH a client to overcome impairments blocking the building of skills; it is NOT teaching a skill or performing functions for a client
 - The contact could include family or other collaterals and/or significant support persons
 - Working with a client to develop skills that maintain and/or restore optimal functioning
 - Providing education/training to assist the client achieve his/her personal goals in such areas as daily living skills, socializations, mood stabilization, resources utilization, and medication compliance
 - Assistance to assess housing needs and to obtain and maintain a satisfactory living arrangement

MENTAL HEALTH SERVICE

Group Rehabilitation

- **Definition:** Service delivered to more than one client at the same time to provide assistance in improving, maintaining, or restoring his/her support resources or his/her functional skills – daily living, social and leisure, grooming and processional hygiene, or meal preparation.
- **Code: H2015**
- **Points of Remember:**
- Licensed staff should use this code any time they are delivering group rehabilitation services
- When licensed and unlicensed staff co-lead a group , this code must be used.
- This code could be used for a didactic substance abuse education group, ADL, or any other educational group in which there is not a therapeutic, inter-personal interaction.

MENTAL HEALTH SERVICES

Collateral

- **Definition:** Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, (age eighteen (18) and above) advising them on how to assist the client, obtaining information from collaterals regarding the client
- **Code:** 90887
- **Points to Remember:**
 - Contacts are not necessarily face-to-face
 - Client may or may not be present
 - Service must be a direct benefit to the client and not the collateral

MENTAL HEALTH SERVICES

Team Conference/Case Consultation

- **Definition:** Interdisciplinary inter/intra-agency conferences to coordinate activities of client care. Client may be present.
- **Codes:** 99361 (1-59 minutes) & 99362 (60+ minutes)
- **Points to Remember:**
 - The time of the conference determines the code
 - Supervision time is not reimbursable
 - Claim only the actual time a staff person contributed to the conference (listening and learning are not included) and any other time a staff person spent related to the conference, such as travel or documentation
 - The threshold for most programs is 180 minutes per client/per quarter; some specialized programs have requested and received approval for a threshold of 360 minutes.

REIMBURSABLE AND NON-REIMBURSABLE SERVICES